

## **Affidavit of Amounts Paid**

To be completed for *every* subcontractor/consultant regardless of tier

| MON   | THLY                 | QUARTI         | ERLY             | FINAL                  |                           |                   |
|---|----------------------|----------------|------------------|------------------------|---------------------------|-------------------|
|   | For Progre           | ss Payment:    |                  |                        |                           |                   |
| Prime Contractor Consultant:  |                      |                | Date             |                        |                           |                   |
| Address:  | -                    |                | City:            | S                      | tate: Zip:                |                   |
| Contract Number   |                      | Contract Ti    |                  |                        | •                         |                   |
| Contract Bid/Negotiated Price:  | \$                   |                |                  | Contract Type:         | Arch/Eng                  | Construction      |
|   |                      |                |                  |                        | Consultant                | Other             |
| Subcontractor/ Subconsultant  | MWDBE                | Contractor     | Date Work        | Amounts Earned         | Amounts in                | Amount Paid to    |
| Name & Address  | status               | Type           | Completed        | to Date                | Retainage to Date         | Date              |
|   | Boost Cert. #        |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
| Original Contract Amount:<br>Condition of Award Amount  | \$                   |                |                  | Contra                 | actorType_                |                   |
| Total #: Amendm   | ants: \$.            |                |                  | S - Subco              |                           |                   |
| Total #: Change   |                      |                |                  |                        | rial Supplier             |                   |
| New Contract Amount: \$   | · .                  |                |                  | JV = Joint             |                           |                   |
|   |                      |                |                  |                        |                           |                   |
| Subcontractor/Subconsultant   | t:                   |                |                  |                        |                           |                   |
| Signature and Title   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
|   |                      |                |                  |                        |                           |                   |
| Notary<br>Seal  |                      |                |                  |                        |                           |                   |
|   |                      | Sul            | bscribed and sv  | vorn before me this _  | day of                    | 20                |
|   |                      | X _            | <del>_</del>     | Notary I               | Public in and for the Sta | ate of Washington |
|   |                      | Res            | iding at         |                        |                           |                   |
| The subcontractor above has sign<br>project for which this statement is<br>completed or portions thereof list | s submitted, the sul | ocontractor/su | bconsultant part | icipant named above ha | as been paid the amount s |                   |
|   |                      |                |                  |                        |                           |                   |
| Prime:  |                      | Sign           | nature/Title:    |                        |                           |                   |